

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/069542	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51	/				
2		/					52	X	X			
3	X	X					53	X	X			
4	X	X					54		/			
5		/					55		/			
6	X	X					56	X	X			
7	X	X					57	X	X			
8	X	X					58	/				
9		/					59		/			
10	X	X					60		/			
11	X	X					61	/				
12	X	X					62		/			
13	X	X					63		/			
14	X	X					64	/				
15	X	X					65		/			
16	X	X					66		/			
17	/						67	/				
18	X	X					68		/			
19	X	X					69		/			
20	X	X					70		/			
21	X	X					71	/				
22	X	X					72		/			
23	X	X					73		/			
24	X	X					74		/			
25	X	X					75	/				
26	X	X					76		/			
27	/						77		/			
28	X	X					78		/			
29	X	X					79	/				
30	X	X					80		/			
31	X	X					81		/			
32	X	X					82		/			
33	X	X					83	/				
34	X	X					84		/			
35	X	X					85		/			
36	X	X					86		/			
37	/						87	/				
38		/					88		/			
39		/					89		/			
40		/					90		/			
41		/					91					
42	X	X					92					
43	X	X					93					
44	X	X					94					
45	X	X					95					
46	X	X					96					
47	X	X					97					
48	X	X					98					
49	X	X					99					
50	X	X					100					
TOTAL IND.	15						TOTAL IND.					
TOTAL DEP.	40						TOTAL DEP.					
TOTAL CLAIMS	55						TOTAL CLAIMS					